10/14/2010 14:31

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Dermatology Association Political Action Committee (SkinPAC) 1445 New York Avenue NW ADDRESS (number and street) Ste 800 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00359539 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Steven Debnar Type or Print Name of Treasurer Electronically Filed by Steven Debnar 10 14 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 40

FEC Form 3X (Rev. 02/2003)

From:

Report Covering the Period:

Write or Type Committee Name American Academy of De	ermatology	Associati	on Political	Action Committee	(SkinPAC)			
Report Covering the Period	From:	M M 0 9	D D 0 1	Y Y W Y 2 0 1 0	To:	м м 0 9	^D 3 0	Y Y Y Y 2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2010 Y Y Y		273974.15
(b) Cash on Hand at Begining of Reporting Period	412756.07	
(c) Total Receipts (from Line 19)	27084.50	276301.75
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	439840.57	550275.90
Total Disbursements (from Line 31)	137660.61	248095.94
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	302179.96	302179.96
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

For further information contact:

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 40

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

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то.

м м 0 9 ^D 3 0

Y Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	23081.50	234749.50
(ii) Unitemized	4003.00	41552.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27084.50	276301.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27084.50	276301.75
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27084.50	276301.75
Total Federal Receipts (subtract Line 18(c) from Line 19)	27084.50	276301.75

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	660.61	5095.94
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	660.61	5095.94
. Transfers to Affiliated/Other Party	2.22	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	137000.00	243000.00
Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	137660.61	248095.94
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	137660.61	248095.94

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	27084.50	276301.75
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	27084.50	276301.75
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	660.61	5095.94
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	660.61	5095.94

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 40 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and add	dress of any political committee to	o solicit contributions from such committee.
ν. Α .	Full Name (Last, First, Middle Initial) John R. Adams Mailing Address 220 Fordham Road City Manhattan FEC ID number of contributing federal political committee. Name of Employer Advanced Dermatology PA Receipt For: Primary General Other (specify)	State KS C Occupation Physician Aggregate		Date of Receipt M M / D B / Y Y Y Y O 9
В.	Full Name (Last, First, Middle Initial) Gina Charlene Ang Mailing Address 53 Crosswind Dr City Holland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MI C Occupation Physcian Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A37D949454B2A404E898 Amount of Each Receipt this Period 250.00
_ C.	Full Name (Last, First, Middle Initial) Maryam Mandana Asgari Mailing Address 852 Los Robles Ave City Palo Alto FEC ID number of contributing federal political committee. Name of Employer Kaiser Receipt For: Primary General Other (specify)	State CA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			2280.00

	LE A (FEC Form 3X) RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commerc	ial purposes, other than using t COMMITTEE (In Full)	he name and ad	y not be sold or used by any pers dress of any political committee to colitical Action Committee (S	on for the purpose of soliciting contributions o solicit contributions from such committee.
Barbara Ann Mailing Add City Merritt Isla FEC ID nun federal polit Name of En Ash Derma Cancer Cer Receipt For	and nber of contributing ical committee. nployer tology and Skin nter	State FL C Occupation Dermato Aggregate		Date of Receipt M M M
James Henry Mailing Add City Santa Fe FEC ID nunfederal polit Name of En Self Employ Receipt For	ress 435 Saint Michaels E Ste A101 nber of contributing ical committee. nployer red	State NM C Occupation Physican		Date of Receipt M M M
Dr. Scott Bei Mailing Add City Casper FEC ID nun federal polit Name of En Information Receipt For	nber of contributing ical committee. Inployer Requested	State WY C Occupation Physicia		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A16B0CEBC208E426C8 Amount of Each Receipt this Period 70.00
SUBTOTAL of	of Receipts This Page (optional)			685.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to y Association Political Action Committee (S	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul M. Benson Mailing Address 134 Magnolia Ridg City Jonesborough FEC ID number of contributing federal political committee. Name of Employer TriCities Skin and Cancer Receipt For: Primary General Other (specify)	State Zip Code TN 37659-4789 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Jane Shiu Bergstrom Mailing Address 2305 Tradition Wa City Redding FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 96001-6309 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M D D D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Q. Binhlam Mailing Address 5158 Remington D City Brentwood FEC ID number of contributing federal political committee. Name of Employer Advanced Skin & Laser Center Receipt For: Primary General Other (specify)	State Zip Code TN 37027-3001 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y O 9 27 2010 Transaction ID: A86E91CACDDF64F4BA Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (option	al)	1500.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 40 (check only one) X 11a
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any perusing the name and address of any political committee ology Association Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth E. Bloom Mailing Address 2795 Pilot Kno Ste 300 City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Derm Ctr for Children & Young Adults Receipt For: Primary General Other (specify)		Date of Receipt M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Full Name (Last, First, Middle Initial) Clay J Cockerell Mailing Address 4312 Arcady City Dallas FEC ID number of contributing federal political committee. Name of Employer Cockerell & Associates Receipt For: Primary General Other (specify)	State Zip Code TX 75205-3704 C Occupation Dermatologist Aggregate Year-to-Date 3500.00	Date of Receipt O 9
Full Name (Last, First, Middle Initial) David Eric Cohen Mailing Address 80 Dyer Ct City Norwood FEC ID number of contributing federal political committee. Name of Employer NYU Medical Center Receipt For: Primary General Other (specify)	State Zip Code NJ 07648-2325 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: A48FFA2ACEE624546A Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (o	ptional)	1115.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 40 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology As	name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Karen Collishaw Mailing Address 3 Thorburn Road City Gaithersburg FEC ID number of contributing federal political committee. Name of Employer American Academy of Dermatology Receipt For: Primary General Other (specify)		Zip Code 20878-2627 n on Management Year-to-Date ▼ 672.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: A9571842F72394C55B3C Amount of Each Receipt this Period 84.00
В.	Full Name (Last, First, Middle Initial) Sunil Sharan Dhawan Mailing Address 119 Martingale Dr City Fremont FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupatior Dermatol Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A34E2859F82184AB9805 Amount of Each Receipt this Period 250.00
С.	Full Name (Last, First, Middle Initial) Marsha L. DuPree Mailing Address 51 Pojac Point Rd City North Kingstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State RI C Occupatior Physiciar Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 9 1 5 2 0 1 0 Transaction ID: AF6DFBBEC75CF44F1B5 Amount of Each Receipt this Period 200.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			534.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 40 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Dermatology	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Booth H. Durham Mailing Address 238 W Summit Ave City Haddonfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NJ C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Susan T. Elliott Mailing Address 6624 Jill Ct City Mc Lean FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 9 3 0 2 0 1 0 Transaction ID: AA93C6E2F3CB84988B0 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Anthony F. Fransway Mailing Address 16 Winewood Ct City Fort Myers FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State FL C Occupation Physician Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: AC8B4B8803BEC4B0E8E Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional	l)		1365.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	v not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	American Academy of Dermatology A	Association Po	olitical Action Committee (S	SkinPAC)
۷.	Full Name (Last, First, Middle Initial) Barbara Greenan Mailing Address 9418 Balfour Drive			Date of Receipt
				09 15 2010
	City	State	Zip Code	Transaction ID: A87C961D78E7948DFA
	Bethesda FEC ID number of contributing federal political committee.	C	20814-5710	Amount of Each Receipt this Period 25.00
	Name of Employer American Academy of Derma- tology	Occupation Associati	n on Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
- 3.	Full Name (Last, First, Middle Initial) Mark J. Holzberg	- I		Date of Receipt
	Mailing Address 981 Oakdale Rd NE			09 23 2010
	City	State	Zip Code	Transaction ID: A25AD1E68F5084106B6
	Atlanta	GA	30307-1271	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Newnan Dermatology	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
. –	Full Name (Last, First, Middle Initial) Martha Housholder			Date of Receipt
	Mailing Address 7705 E Killarney Ct			0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: AE4E5362E7D5144928
	Wichita	KS	67206-1654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	, ' ' ' 	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 23 40	1000.00	
Γ				1375.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 40 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Δ .	Full Name (Last, First, Middle Initial) Lee Tyrone Jordan Mailing Address 1709 Barnwell St City Columbia FEC ID number of contributing federal political committee. Name of Employer The Dermatology Group LLC Receipt For: Primary General Other (specify)	State SC C Occupation Physicia Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Full Name (Last, First, Middle Initial) Diane L. Kallgren Mailing Address 2966 Middle Fork Rd City Boulder FEC ID number of contributing federal political committee. Name of Employer Kallgren Dermatology Clinic, PC Receipt For: Primary General Other (specify)	State CO C Occupation Physicia Aggregate		Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: A770C5A7B68924EF4AB Amount of Each Receipt this Period 365.00
	Full Name (Last, First, Middle Initial) Albert A. Kattine Mailing Address 6342 Shadow Ridge (City Brentwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State TN C Occupation Dermato		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			855.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 40 (check only one) X
	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Jennifer Lucas Mailing Address Department of Derma			Date of Receipt 0 9 2 7 2 0 1 0
	9500 Euclid Avenue, A	A61 State	Zip Code	Transaction ID: AE4643BDF96EC41568E
	Cleveland	OH	44195-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Cleveland Clinic Foundati- on	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Nancy Marchell			Date of Receipt
	Mailing Address PO Box 15465	$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$		
	City	State	Zip Code	Transaction ID: AF5BF2BF6638C472F85
	West Palm Beach	FL	33416-5465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ }.	Full Name (Last, First, Middle Initial) Louise E. Martin			Date of Receipt
	Mailing Address 5980 Indianwood Trl			09 01 2010
	City	State	Zip Code	Transaction ID: AAC210C00080B42B2A4
	Bloomfield Hills	MI	48301-1453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			930.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(criceck driny drie)
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Elizabeth Shannon Martin Mailing Address 861 Tulip Poplar Dr City Birmingham FEC ID number of contributing federal political committee. Name of Employer Martin Dermatology and Skin Wellness Receipt For: Primary General Other (specify)	State Zip Code AL 35244-1639 C Occupation Physician Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AB23D68047B7443C9A59 Amount of Each Receipt this Period 100.00
- В.	Full Name (Last, First, Middle Initial) Charity Foster McConnell Mailing Address 5095 Heathrow Blvd City Brentwood FEC ID number of contributing federal political committee. Name of Employer Franklin Dermatology Group, PLC Receipt For: Primary General Other (specify)	State Zip Code TN 37027-6538 C Occupation Dermatologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A0DBB4C715F86430EAA Amount of Each Receipt this Period 100.00
С.	Full Name (Last, First, Middle Initial) Todd J. Minars Mailing Address 4801 N 33rd Ct City Hollywood FEC ID number of contributing federal political committee. Name of Employer Minars Dermatology, Skin and Laser Cen Receipt For: Primary General Other (specify)	State Zip Code FL 33021-2318 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)		450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Dermatology			
1.	Full Name (Last, First, Middle Initial) Kendall A. Morrison Mailing Address 660 Holiday Dr City Crossville FEC ID number of contributing federal political committee. Name of Employer Cumberland Dermatology Receipt For: Primary General Other (specify)	State TN C Occupation Dermatol Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Joy L. Mosser Mailing Address 1491 Pheasant Run City Canal Winchester FEC ID number of contributing federal political committee. Name of Employer Central Ohio Skin and Cancer Receipt For: Primary General Other (specify)	State OH C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Richard James Murphy Mailing Address 2115 Royal Dr City Winterville FEC ID number of contributing federal political committee. Name of Employer Eastern Dermatology & Pathology Receipt For: Primary General Other (specify)	State NC C Occupation Physician Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 9
SI	JBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 40 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee by Association Political Action Committee (son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Stephen Newman Mailing Address 3422 97th Ave SE City Mercer Island FEC ID number of contributing federal political committee. Name of Employer Puyallup Dermatology Receipt For: Primary General Other (specify)	State Zip Code WA 98040-3128 C Occupation Physcian Aggregate Year-to-Date 365.00	Date of Receipt M M M D D D C 2 1 2 0 1 0 Transaction ID: A2DCAD2E438984258B0 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Joseph M. Newmark Mailing Address 524 Midvale Rd City Vestal FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 13850-3818 C Occupation Dermatologist Aggregate Year-to-Date 450.00	Date of Receipt M M M D D D Y Y Y Y Y Y Transaction ID: AB9C9639694E7425EAC Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Elise Olsen Mailing Address PO Box 3294 City Durham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NC 27715-3294 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D 2 0 1 0 Transaction ID: A40542E4DF3384D63A8 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional	al)	1115.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 40 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Laura L. K. Pratt Mailing Address 12700 Nightingale Dr City	State	Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	Chester FEC ID number of contributing federal political committee.	C	23836-2650	Amount of Each Receipt this Period 365.00
	Name of Employer Dermatology Associates of Virginia Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicia Aggregate		
- В.	Full Name (Last, First, Middle Initial) Gary Edwin Quinby Mailing Address 27730 220th Ave	<u> </u>		Date of Receipt 0 9 0 8 2 0 1 0
	City	State	Zip Code	Transaction ID: A61A655CDEB5A4BCB82E
	Long Grove FEC ID number of contributing federal political committee.	C	52756-9758	Amount of Each Receipt this Period 465.00
	Name of Employer Medical Arts Associates LTD Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physicia Aggregate		
С.	Full Name (Last, First, Middle Initial) Kelley Pagliai Redbord Mailing Address 2425 L St NW Apt 210			Date of Receipt 0 9 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: A01647B2178FC44A6ACB
	Washington FEC ID number of contributing federal political committee.	C	20037-2416	Amount of Each Receipt this Period 400.00
	Name of Employer Dermatology Surgery Group of Northern Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
	SUBTOTAL of Receipts This Page (optional) .			1230.00
	TOTAL This Period (last page this line numbe	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	Statements may not be sold or used by any per e name and address of any political committee ssociation Political Action Committee (
A .	Full Name (Last, First, Middle Initial) Paul D. Reicherter Mailing Address 3274 Fisher Rd City Roseburg FEC ID number of contributing federal political committee. Name of Employer Advanced Skin Center Receipt For: Primary General Other (specify)	State Zip Code OR 97471-9219 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M A Z 1 Z 0 1 0 Transaction ID: A8BE254A4B106487384E Amount of Each Receipt this Period 500.00
_	Full Name (Last, First, Middle Initial) Jack Selwyn Resneck, Sr. Mailing Address 7717 Creswell Rd Lot 2 City Shreveport FEC ID number of contributing federal political committee. Name of Employer Dermatology & Skin Surgery Receipt For: Primary General Other (specify)	State Zip Code LA 71106-6031 C Occupation Physicians Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 O 5 2 0 1 0 Transaction ID: ABCEBEA4916AF4C3388 Amount of Each Receipt this Period 300.00
	Full Name (Last, First, Middle Initial) Beth Rigel Mailing Address 300 E 85th St Apt 1604 City New York FEC ID number of contributing federal political committee. Name of Employer VSI Receipt For: Primary General Other (specify)	State Zip Code NY 10028-4594 C Occupation CFO Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A715FDEC0F81B411D9E Amount of Each Receipt this Period 2500.00
	SUBTOTAL of Receipts This Page (optional)		3300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 40 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A			
∠ A .	Full Name (Last, First, Middle Initial) Elisa M. Roberts Mailing Address 33 Woodmere Ln City Arden FEC ID number of contributing federal political committee.	State NC	Zip Code 28704-3205	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Skyland Dermatology Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Dermatol Aggregate		
Б.	Full Name (Last, First, Middle Initial) Anna M. Sarno Ryan Mailing Address 169 Fleming St			Date of Receipt 0 9 2 4 2 0 1 0
	City Manchester FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State NH C Occupation Physician Aggregate		Transaction ID: AE60A794492AF4ACFB21 Amount of Each Receipt this Period 302.50
_ C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Shannon M. Sheu Mailing Address 753 18th Ave City Honolulu	State HI	Zip Code 96816-4111	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		365.00
	SUBTOTAL of Receipts This Page (optional) .)	1017.50

SCHEDULE ITEMIZED R	A (FEC Form 3X ECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 21 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	pied from such Reports and ourposes, other than using t MMITTEE (In Full) ademy of Dermatology	ne name and address of a	ny political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Las George B. Sonni Mailing Address City Louisville FEC ID numbe federal political Name of Employed Receipt For: Primary Other (sp	r of contributing committee. General		Code 22-6331 Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AB62EEDC00566403282 Amount of Each Receipt this Period 500.00
Full Name (Las Brian R. Sperber Mailing Address City Colorado Spire FEC ID number federal political Name of Emplo Colorado Sprin ogy Receipt For: Primary Other (sp	rings r of contributing committee. yer gs Dermatol- General		Code 06-7915 Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 27 2010 Transaction ID: A01CBC63EDF4A467A81 Amount of Each Receipt this Period 500.00
Full Name (Las Cloyce L. Stetso Mailing Address City Lubbock FEC ID number federal political Name of Emplor Texas Tech Unsciences Receipt For: Primary Other (sp	r of contributing committee. yer iv - Health General	•	Code 24-4134 Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A523CB80BB61441A2B6 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Ro	eceipts This Page (optional)			2000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any pering the name and address of any political committee ogy Association Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sabra Sullivan Mailing Address 102 Hidden Hts City Ridgeland FEC ID number of contributing federal political committee. Name of Employer Dermatology Associates, LLC Receipt For: Primary General Other (specify)	State Zip Code MS 39157-8626 C Occupation Physician Aggregate Year-to-Date 900.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A20BA97ACB12B4B9CA Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Bert G. Tavelli Mailing Address 3940 SW 52nd F City Portland FEC ID number of contributing federal political committee. Name of Employer Northwest Dermatology and Laser Clinic Receipt For: Primary General Other (specify)	State Zip Code OR 97221-2119 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt O 9 21 2010 Transaction ID: AADFAD03AA5C8459487 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Suraj S. Venna Mailing Address 1301 M St NW City Washington FEC ID number of contributing federal political committee. Name of Employer Washington Cancer Institute Receipt For: Primary General Other (specify)	State Zip Code DC 20005-4201 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 0 2 0 1 0 Transaction ID: AA2792AF9933B40FBA7 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (opti	onal)	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committee Association Political Action Committee	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy Gerrard Woodall Mailing Address 120 Woodall Way City Union FEC ID number of contributing federal political committee. Name of Employer The Palmetto Skin and Laser Center Receipt For: Primary General Other (specify)	State Zip Code SC 29379-8679 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Melinda J. Woofter Mailing Address 25 Philipps GIn City	Date of Receipt M M D D D Y Y Y Y Y Y Y	
Granville FEC ID number of contributing federal political committee.	State Zip Code OH 43023-8700 C	Amount of Each Receipt this Period 250.00
Name of Employer Midwest Dermatology Centr- e, LLC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sandra Horlick Wortzel Mailing Address 7 Averstone Dr W		Date of Receipt
City	State Zip Code	09 10 2010
Washington Crossin	PA 18977-1103	Transaction ID: ACEDDB796DC464B3D Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Bucks Dermatology Associa- tes PC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	l)	800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 40 (check only one) X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Academy of Dermatology Association	n Political Action Committee (S	kinPAC)
Full Name (Last, First, Middle Initial) Michael D. Zanolli Mailing Address 513 Fairfax Ave		Date of Receipt
City State Nashville TN	Zip Code 37212-4010	Transaction ID: AFCEFE0C04EBB4D2BA09 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Heritage Medical Associates Physic	cian	
Receipt For: Primary General Other (specify)	gate Year-to-Date ▼ 4000.00	1

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	23081.50

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 25/40
TEMIZED DISBURSEMENTS	for each category of the	(check only	-	
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na			or the purpose of soli	citing contributions
NAME OF COMMITTEE (In Full)				
American Academy of Dermatology Asse	ociation Political Action Com	mittee (Skin	PAC)	
Full Name (Last, First, Middle Initial)				BD3833C445C6E4FE994
American Express			Date of Disbursen	
Mailing Address PO Box 53852			09 / 06	2010
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each D	isbursement this Period
Purpose of Disbursement	AZ 65072-3652			160.41
Amex Fees				
Candidate Name		Category/		
Office County Dishur	and the second s	Туре		
Office Sought: House Disbut	sement For: Primary General G			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				BFB305246E5EE42999C5
Merchant Services			Date of Disbursen	
Mailing Address PO Box 6603			0 9 6	2010
City	State Zip Code		Amount of Each D	isbursement this Period
Hagerstown	MD 21741-6603			470.20
Purpose of Disbursement VS/MC Fees				+70.20
Candidate Name		Category/ Type		
Senate	sement For: Primary General			
President State: District:	Other (specify)			
Full Name (Last, First, Middle Initial) Merchant Services			Transaction ID: Date of Disbursen	B5DEF3D7E25E945F6B5
Mailing Address PO Box 6603			0 9 0 9	2010
City Hagerstown	State Zip Code MD 21741-6603		Amount of Each D	isbursement this Period
Purpose of Disbursement VS/MC Fees		0 0		30.00
Candidate Name		Category/ Type		
Office Sought: House Disbut	sement For:	. 75-0		
Senate	Primary General			
President Pictriot:	Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optiona	l)			660.61

TOTAL This Period (last page this line number only)

660.61

		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 40 (check only one)	\dashv
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29	26 30b
			by any person for the purpose of soliciting contributions committee to solicit contributions from such committee	
	NAME OF COMMITTEE (In Full) American Academy of Dermatology Association	• • • • • • • • • • • • • • • • • • • •		
<u></u>	Full Name (Last, First, Middle Initial)		Transaction ID: B1CBE76C5C6964/	—— 44C
	A Lot of People Who Support Jeff Bingam Mailing Address PO Box 16210	an	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Albuquerque	State Zip Code NM 87191	Amount of Each Disbursement this Period	_
	Purpose of Disbursement 2012 Primary		2500.00	
	Candidate Name Sen. Jeff Bingaman	,	Category/ Type	
	X Senate X President	ement For: 2012 Primary General Other (specify)		
	State: NM District: Full Name (Last, First, Middle Initial)		Transaction ID: BAC7F426EA0AC40	 675 <i>A</i>
	Andy Harris for Congress Mailing Address PO Box 1527		Date of Disbursement M9 M / D2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code MD 21404	Amount of Each Disbursement this Period	 I
	Annapolis Purpose of Disbursement 2010 General	21404	2500.00	
	Candidate Name Andy Harris, MD		Category/ Type	
	Office Sought: X House Senate President State: MD District: 01	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) Becerra for Congress		Transaction ID: BA789F002AE394C Date of Disbursement	C9E
	Mailing Address PO Box 261060		09	
	City Los Angeles	State Zip Code CA 90026	Amount of Each Disbursement this Period	_
	Purpose of Disbursement 2010 General		1000.00	
	Candidate Name Rep. Xavier Becerra		Category/ Type	
	Office Sought: X House Senate President State: CA District: 31	ement For: 2010 Primary X General Other (specify)		
Г	State. On Distillet. 31		6000.00	_

	EMIZED DIODUDOCEMENTO	Use separate schedule(s	·) [(check o	nly one)					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	\square	84 8c	25 29	20
	y Information copied from such Reports and St or commercial purposes, other than using the				n for the pur	pose of	solicitin	g cont	ributions	
	NAME OF COMMITTEE (In Full)									
\rangle	American Academy of Dermatology As	sociation Political Action C	ommit	tee (Sk	inPAC)					
	Full Name (Last, First, Middle Initial)					ction II			79785	BB429
	Becerra for Congress				Date o	f Disbur			V	V
	Mailing Address PO Box 261060				0 9		28 ^D	Ľ.	ž o i ()
	City Los Angeles	State Zip Code CA 90026			Amour	nt of Eac	h Disbı	ırseme	nt this I	Period
	Purpose of Disbursement		I					2	000.00)
	2010 General Candidate Name		Cate	2001/						
	Rep. Xavier Becerra			egory/ ype						
	Office Sought: X House Disk	ursement For: 2010 Primary X General								
	President	Other (specify)								
	State: CA District: 31									
	Full Name (Last, First, Middle Initial) Bera for Congress					action II f Disbur			F5CC	8C49F
	Mailing Address PO Box 582496				0 ^M 9	1 / D	28	Y	ž 0 ž () Y
	City Elk Grove	State Zip Code CA 95758			Amour	nt of Eac	h Disbı	ırseme	nt this	Period
	Purpose of Disbursement 2010 General	57.55						2	500.00)
	Candidate Name Ami Bera			egory/ ype						
	Senate President	ursement For: 2010 Primary X General Other (specify) ▼		<u> </u>						
	State: CA District: 03 Full Name (Last, First, Middle Initial)				T	! IF	. D7	04 5 4	10404	24455
	Blumenthal for Senate				Date o	ction II f Disbur	sement			_
	Mailing Address 777 Summer Street				0,0	/ D	23	Ľ.	ž 0 i (<u>'</u>
	City Stamford	State Zip Code CT 6901			Amour	nt of Eac	h Disbu	ırseme	nt this	Period
	Purpose of Disbursement 2010 General				T L.			2	500.00)
	Candidate Name Richard Blumenthal			egory/ ype						
	Office Sought: House Disk X Senate President	ursement For: 2010 Primary X General Other (specify) ▼	'	-						
	State: CT District:									
					-	-			-	

SCHEDULE B (FEC Form 3X)	Use separate schedule		IE NUMBER:	PAGE 28 / 40
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 X 23 28a 28b	24 25 26 28c 29 30k
ny Information copied from such Reports and Starr for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full) American Academy of Dermatology As:	sociation Political Action (Committee (Sk	inPAC)	
Full Name (Last, First, Middle Initial) Boyd for Congress			Date of Disburs	
Mailing Address PO Box 15703			09 / 2	28 / 2010
City Tallahassee	State Zip Code FL 32317		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General				2500.00
Candidate Name Rep. Allen Boyd		Category/ Type		
Senate President	ursement For: 2010 Primary X Genera Other (specify) ▼	al		
State: FL District: 02 Full Name (Last, First, Middle Initial) Bucshon for Congress			Date of Disburs	
Mailing Address PO Box 250			09 / 1	7 Y 2010 Y
City Newburgh	State Zip Code IN 47629		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General				2500.00
Candidate Name Larry Bucshon, MD		Category/ Type		
Office Sought: X House Senate President State: IN District: 08	ursement For: 2010 Primary X Genera Other (specify) ▼	al		
Full Name (Last, First, Middle Initial) Charlie Dent for Congress			Date of Disburs	
Mailing Address PO Box 442			099 / 2	23
City Allentown	State Zip Code PA 18105		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General				2500.00
Candidate Name Rep. Charles W. Dent		Category/ Type		
Office Sought: X House Senate President State: PA District: 15	ursement For: 2010 Primary X General Other (specify)	ıl		
Olate. I A District. 15				
SUBTOTAL of Disbursements This Page (option	nal)	>		7500.00

	TEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary	f the (FOR LINE (check only		PAGE 29 / 40 24
	ny Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	me and address of any p	political co	any person for mmittee to sol	or the purpose of so icit contributions fro	pliciting contributions
A .	Full Name (Last, First, Middle Initial) Citizens for Altmire				Transaction ID: Date of Disburse	
	Mailing Address PO Box 1776 City	State Zip Code	e			Disbursement this Period
	Freedom Purpose of Disbursement 2010 General	PA 15042	Тг			2000.00
	Candidate Name Rep. Jason Altmire			Category/ Type		
	Office Sought: X House Senate President State: PA District: 04	sement For: 201 Primary X Ge Other (specify)	-			
В.	Full Name (Last, First, Middle Initial) Coburn for Senate Committee				Date of Disburse	
	Mailing Address PO Box 977				09 / 2	3 / 2010
	City Muskogee Purpose of Disbursement	State Zip Code OK 74402	e _		Amount of Each	Disbursement this Period
	2010 General Candidate Name Sen. Tom Coburn, MD			Category/		
	Office Sought: House Disbur X Senate President State: OK District:	sement For: 201 Primary X Ge Other (specify)				
c.	Full Name (Last, First, Middle Initial) Committee for the Preservation of Capita	lism (CPC), the			Date of Disburse	
	Mailing Address PO Box 65314				09 / 2	8 / Y Y Y O Y O Y
	City Washington	State Zip Code DC 20036	е		Amount of Each	Disbursement this Period
	Purpose of Disbursement					2500.00
	Candidate Name Rep. Charles W. Boustany, Jr.			Category/ Type		
	Senate President	X Other (specify)	0 eneral			
	State: LA District: 07 Other					5500.00
	SUBTOTAL of Disbursements This Page (optional FOTAL This Period (last page this line number only					3300.00
L	10.7.2 This i choc (last page this line hamber on	J / · · · · · · · · · · · · · · · · · ·				

	CHEDULE B (FEC Form	-	Use sepa	arate schedule(s)		FOR LINE	E NUMBE	R:	Į	PAG	iE 30	40	
ΙT	EMIZED DISBURSEME	NTS		category of the Summary Page		21b 27	22 28a	X 23 28b		24 28c	25 29		26 30b
	y Information copied from such Report												
OI I	for commercial purposes, other than unambde NAME OF COMMITTEE (In Full)	ising the nam	e and addre	ss of any political	COII	imilitee to s	Olicit Coriti	ibutions n	om su	CH CO	mmillee	;	
\rangle	American Academy of Dermato	ology Assoc	iation Poli	tical Action Co	mm	ittee (Ski	nPAC)						
<u>/_</u>							<u>, </u>						
	Full Name (Last, First, Middle Initial) David Scott for Congress							action ID of Disburs			547202	2A54	357
	Mailing Address PO Box 9608	21					0 ^M 9	M / D.	1 ^D /	Y	ž 0 ĭ	0 ^Y	
	City Riverdale		State GA	Zip Code 30296			Amou	nt of Each	n Disbu	ırsem	ent this	Perio	d
	Purpose of Disbursement 2010 General				Г	•				. 2	2500.0	0	
	Candidate Name Rep. David A. Scott					ategory/ Type							
	Office Sought: X House Senate President	Disburse	ement For: Primary Other (spe	2010 X General ecify) ▼			_						
	State: GA District: 13												
	Full Name (Last, First, Middle Initial) Democratic Senatorial Campai	gn Commit	tee				Date o	action ID of Disburs	ement		27102/	4934	1E2
	Mailing Address 120 Maryland	Ave NE					0 ^M 9	M / D.	1 ^D	Y	ž 0 ĭ	0	
	City Washington		State DC	Zip Code 20002			Amou	nt of Each	n Disbu	ırsem	ent this	Perio	d
	Purpose of Disbursement				Г		L.			1(0.000.0	00	
	Candidate Name					ategory/ Type							
	Office Sought: House Senate President		ement For: Primary Other (spe	2010 General									
	State: District:	Other2		., .									
	Full Name (Last, First, Middle Initial) Dold for Congress							action ID of Disburs			C075	3FD4	.F4:
	Mailing Address PO Box 8145	<u> </u>					0 ^M 9	M / D	28	Y	ž o ť	0 ^Y	
	City Northfield		State IL	Zip Code 60093			Amou	nt of Each	n Disbu	ırsem	ent this	Perio	d
	Purpose of Disbursement 2010 General						<u> </u>			. 2	2500.0	00	
	Candidate Name Bob Dold					ategory/ Type							
	Office Sought: X House Senate President	Disburse	ement For: Primary Other (spe	2010 X General									
	State: IL District: 10												
										-		-	

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111	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	lÈ	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
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	Mailing Address PO Box 682185		09 20 2010	
	City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Period
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	Pete Stark Re-Election Committee			- 1	Date of	ction II Disbur	seme					3C2I	
	Mailing Address PO Box 8331					0 9	/ D	23		Ý Ž	0 1 0	Y	
	City Fremont	State Zip Code CA 94537				Amoun	t of Eac	h Dis	burse	ement	this F	Perioc	t
	Purpose of Disbursement 2010 General					<u> </u>				250	00.00		
	Candidate Name Rep. Pete Stark Catego Type												
	Office Sought: X House Disburs Senate President State: CA District: 13	ement For: 2010 Primary X General Other (specify)											
	Full Name (Last, First, Middle Initial) Portman for Senate Committee						ction II			0080	CBA8	E74	 7518
	Mailing Address 8331 Little Harbor Drive					0 9	/ D	17	/	ž	0 Í 0	Y	
	City Cincinnati	State Zip Code OH 45244				Amoun	t of Eac	h Dis	burse	ement	this F	Period	k
	Purpose of Disbursement 2010 General			-						250	00.00		
	Candidate Name Robert Portman			gory/ pe									
	X Senate President	ement For: 2010 Primary X General Other (specify)	,	•									
_	State: OH District:							_					_

SCHEDULE B (FEC Form 3)	Use separate scriedule	(s) FOR LINE	E NUMBER:	PAGE 38 / 40			
TEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	(Check on	22 X 23 28a 28b	24 25 26 28c 29 30k			
ny Information copied from such Reports ar r for commercial purposes, other than using							
NAME OF COMMITTEE (In Full) American Academy of Dermatolog	y Association Political Action (Committee (Ski	nPAC)				
Full Name (Last, First, Middle Initial) Raj Goyle for Congress, Inc.			Date of Disburse				
Mailing Address PO Box 780971			09 / 1	7 2010			
City Wichita	State Zip Code KS 67278		Amount of Each I	Disbursement this Period			
Purpose of Disbursement 2010 General			<u> </u>	2500.00			
Candidate Name Raj Goyle		Category/ Type					
Senate President	Disbursement For: 2010 Primary X Genera Other (specify) ▼	ıl					
State: KS District: 04 Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee			Transaction ID: Date of Disburser	B2FF0B2AAF3954419			
Mailing Address PO Box 60405			099 / 2	3 2010			
City Worcester	State Zip Code MA 01606		Amount of Each I	Disbursement this Period			
Purpose of Disbursement 2010 General			<u> </u>	2500.00			
Candidate Name Rep. James P. McGovern		Category/ Type					
Office Sought: X House Senate President State: MA District: 03	Disbursement For: 2010 Primary X General Other (specify)	ıl					
Full Name (Last, First, Middle Initial) Rogers for Congress			Date of Disburse				
Mailing Address PO Box 581 Post Office Box 5	81		09 / 1	7 2010			
City Brighton	State Zip Code MI 48116		Amount of Each I	Disbursement this Period			
Purpose of Disbursement 2010 General				2000.00			
Candidate Name Rep. Mike Rogers	Category/ Type						
Senate President	Disbursement For: 2010 Primary X Genera Other (specify) ▼	ıl					
State: MI District: 08				7000.00			
SUBTOTAL of Disbursements This Page (optional)			7,000.00			

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k			
ny Information copied from such Reports and State for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	ciation Political Action Con	nmittee (Skin	PAC)				
Full Name (Last, First, Middle Initial) Tim Murphy for Congress			Date of Disburse				
Mailing Address PO Box 24551			09 / 2	8 7 2010			
City Pttsburgh	State Zip Code PA 15234		Amount of Each	Disbursement this Period			
Purpose of Disbursement 2010 General				1000.00			
Candidate Name Rep. Tim F. Murphy		Category/ Type					
Office Sought: X House Senate President State: PA District: 18	ement For: 2010 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial) Tim Ryan for Congress			Transaction ID: Date of Disburse	BA4F102EB4C954907			
Mailing Address 1600 Roosevelt Avenue Suite 804	09 / 2	3 7 2010					
City Niles	State Zip Code OH 44446		Amount of Each	Disbursement this Period			
Purpose of Disbursement 2010 General				1500.00			
Candidate Name Rep. Tim Ryan		Category/ Type					
Office Sought: X House Disburs Senate President State: OH District: 17	ement For: 2010 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial) Trivedi for Congress			Transaction ID: Date of Disburse	B133A685BAF204760			
Mailing Address 83 W. Main Street Suite 2			09 1	7 2010			
City Elverson	State Zip Code PA 19520		Amount of Each	Disbursement this Period			
Purpose of Disbursement 2010 General			<u> </u>	2500.00			
Candidate Name Manen Trivedi, MD		Category/ Type					
Office Sought: X House Senate President State: PA District: 06	ement For: 2010 Primary X General Other (specify)						
SUBTOTAL of Disbursements This Page (optional		<u>Þ</u>		5000.00			
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NAME OF COMMITTEE (In Full)			
American Academy of Dermatology Asso	ciation Political Action Com	mittee (Skin	PAC)
Full Name (Last, First, Middle Initial)			Transaction ID: B112EC88C737141E6
Van Hollen for Congress			Date of Disbursement O 9 0 8 2 0 1 0
Mailing Address 10537 St. Paul St.			0.9
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period
Purpose of Disbursement	Γ		2500.00
2010 Primary Candidate Name		Category/	
Rep. Chris Van Hollen		Туре	
X	sement For: 2010 C Primary General		
President Diatrict 00	Other (specify)		
State: MD District: 08 Full Name (Last, First, Middle Initial)			Turner attent ID DEDD7AA00D0F0440
Wasserman-Schultz for Congress			Transaction ID: B5DB7AA32D3524424 Date of Disbursement
Mailing Address 1071 Twin Branch Ln	$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$		
City Weston	State Zip Code FL 33326		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General			2000.00
Candidate Name Rep. Debbie Wasserman Schultz	Category/ Type		
Office Sought: X House Disburs Senate President State: FL District: 20	ement For: 2010 Primary X General Other (specify)	,,	
Full Name (Last, First, Middle Initial) Wyden for Senate	Transaction ID: B2EA251D799444C2EDate of Disbursement		
Mailing Address 232 NE 9th Avenue			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Portland	State Zip Code OR 97232		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General			1000.00
Candidate Name Sen. Ron Wyden		Category/ Type	
X Senate President	ement For: 2010 Primary X General Other (specify)	,,	
State: OR District:			
SUBTOTAL of Disbursements This Page (optional		<u></u>	5500.00
	r)		137000.00